



Five (5) separate case descriptions must be submitted and will be evaluated by the Standards Subcommittee as to their applicability to earning either the CTP or the CTP-D credential. Please provide enough detail so that the Standards Subcommittee can fully understand your role in the case and the nature of the turnaround work with which you were involved.

All information will remain confidential and is reviewed by the Standards Subcommittee only.

Send completed form to:

TMA • 150 S. Wacker Drive, Suite 900 • Chicago, IL 60606

Phone: (312) 578-6900 • Fax: (312) 578-8336 • Email: certification@turnaround.org

CASE DESCRIPTION

Applicant Name: _____
First MI Last Suffix

Client Company Name: _____

Principal Client Contact Name/Title: _____

Length of Engagement: _____ Telephone: _____

Please thoroughly complete this form to allow appropriate evaluation of your role and responsibilities, and sign and date your answers below to verify that the information you are providing is true and correct.

Note: Each multi-line field has a maximum number of characters accepted. If you need additional space for any question, please attach a separate sheet.

1. Describe the client company (i.e., size; type of business: distribution, retail; services offered).

[Empty text box for question 1]

2. In what capacity did you serve (i.e., project manager; interim executive)?

[Empty text box for question 2]

3. Name the other professionals who were involved in the project and their roles.

[Empty text box for question 3]

4. What was the status of the company upon your entry?

[Empty text box for question 4]

5. What was your initial assessment?

[Empty text box for question 5]

6. How was this determined?

[Empty text box for question 6]

7. What actions did you take to stabilize the company or determine whether it should be liquidated?

8. How did you decide on these actions?

9. Were they implemented successfully?

10. Identify any obstacles to implementation and how you overcame them.

11. If management change occurred, describe how you identified the need, the individuals involved, and the outcome.

12. What were the results of the viability assessment, if performed.

13. Explain the restructuring plan you developed for this client.

14. What recommendations were accepted by the client?

15. Describe ultimate recovery for the stakeholders.

By electronically signing my name and the date below, I indicate that I have provided the foregoing answers and those answers are true and correct.

Signature _____ Date _____